

REPORT TO THE
SENATE APPROPRIATIONS COMMITTEE ON
HEALTH AND HUMAN SERVICES
HOUSE OF REPRESENTATIVES APPROPRIATIONS SUBCOMMITTEE
ON HEALTH AND HUMAN SERVICES
THE FISCAL RESEARCH DIVISION
AND
THE JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON
MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND
SUBSTANCE ABUSE SERVICES

LIST OF COMMUNITY SUPPORT SERVICES
Session Law 2007-323
House Bill 1473, Section 10.49.(ee)(12)

November 2007

NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND
SUBSTANCE ABUSE SERVICES

List of Cost-Effective Community Support Services Appropriate to Meet Critical Needs of Consumers

Section 10.49.(ee) of Session Law 2007-323 requires the Department of Health and Human Services (DHHS) to put in place “a list of community support services that are appropriate to meet the critical needs of the client and that are cost effective.” Clinical and administrative staff in the Divisions of Medical Assistance (DMA) and Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) have collaborated to develop the required list, which is outlined below.

Appropriate Community Support services are:

- Identification of strengths which will aid the individual in their recovery as well as barriers that impede the development of skills necessary for independent functioning in the community;
- One-on-one interventions with the recipient, unless a group intervention is deemed more efficacious, to develop interpersonal and community relational skills, including adaptation to home, school, work and other natural environments;
- Therapeutic mentoring that directly increases the acquisition of skills needed to accomplish the goals of the Person Centered Plan;
- Symptom monitoring;
- Self-management of symptoms;
- Medication monitoring with documented communication to prescribing physician(s);
- Direct preventive and therapeutic interventions that will assist with skill building;
- Assistance with skill enhancement or acquisition;
- Relapse prevention and disease management strategies;
- Psychoeducation and training of family, unpaid caregivers and others who have a legitimate role in addressing the needs identified in the Person-Centered Plan (PCP);
- Support for ongoing treatment and encouraging the achievement of functional gains;
- Care management for the effective coordination of clinical service, natural and community supports for the child/youth and his/her family; and
- Crisis response as “first responder” on a 24/7/365 basis to recipients experiencing a crisis.

Specific activities within this list of appropriate services have been developed and the credentials of the Community Support workers eligible to perform those activities have also been identified and are detailed in the following table.

| Qualified Professional Certified Clinical Supervisor Certified Clinical Addiction Specialist | Associate Professional Paraprofessional (under the supervision of the Qualified Professional) |
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| <ul style="list-style-type: none"> • Coordination and oversight of initial and ongoing assessment activities • Ensure linkage to the most clinically appropriate and effective service • Convening the Child and Family Team for Person-Centered Planning (children) or convening a group of individuals that are important in the life of the adult consumer (family, friends, other providers, etc.) • Initial development and ongoing revision of Person Centered Plan • Monitoring the implementation of Person Centered Plan • Supportive counseling to address the diagnostic and clinical needs of the recipient • Case management functions to arrange, link, monitor, and/or integrate multiple services and referrals • Coordination with the recipient's medical home (i.e., primary care physician) • Supervision of activities provided by Associate and Paraprofessional staff providing Community Support • Provision of all activities, functions, and interventions of the Community Support service definition | <ul style="list-style-type: none"> • Assisting with therapeutic interventions to rehabilitate: <ul style="list-style-type: none"> o Functional skills o Daily and community living skills o Adaptation, socialization, relational, and coping skills o Behavior and anger management skills o Self-management of symptoms • Therapeutic mentoring that directly increases the acquisition of skills needed to accomplish the goals of the Person Centered Plan • Psychoeducation and training of family, unpaid caregivers and others who have a legitimate role in addressing the needs identified in the Person-Centered Plan • Direct preventive and therapeutic interventions that will assist with skill building • Relapse prevention and disease management strategies • Ongoing symptom monitoring and management • Ongoing medication monitoring with report to medical providers • Service coordination activities within the established Person Centered Plan • Input into the Person Centered |

This list of appropriate Community Support services, including the outline of specific activities and the individual workers eligible to provide them, have been included in revised service definitions for Community Support for Children and Adults. The new service definitions have been reviewed and approved by the North Carolina Physicians Advisory Group. They have also been reviewed and supported by a group of Local Management Entity (LME) Directors who serve as an advisory committee to DHHS. The revised service definitions are now posted for a 45 day public comment period, as required by regulations of the Centers for Medicare and Medicaid Services (CMS). DHHS expects to implement the revised service definitions effective January 1, 2008.